DS

```
Set     Items     Description
S1       1556     INTERNET AND ADJUDICATION
S2       1037     S1 AND CLAIM?
S3        486     S2 AND INSURANCE AND HEALTH
S4         46     S3 AND AUTO(W)ADJUDICATION
S5          5     S4 NOT PY=>1999
?
```

t s5/free/1-5

>>>"FREE" is not a valid format name in file(s): 790-792

    5/8/1   **(Item 1 from file: 16)**
04969920   Supplier Number: 47301846 (USE FORMAT 7 FOR FULLTEXT)
**Health Care Financing Administration awards VIPS National Medicare Claims
Processing System contract.**
April 16, 1997
Word Count: 500

    5/8/2   **(Item 1 from file: 148)**
DIALOG(R)File 148:(c)2001 The Gale Group. All rts. reserv.

11588673   SUPPLIER NUMBER: 55804670   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Managed care: a work in progress.(Long Island, New York)
Oct 20, 1997
WORD COUNT: 2451   LINE COUNT: 00216

  INDUSTRY CODES/NAMES: BUSN Any type of business; REG   Business,
  Regional
  DESCRIPTORS: Managed care plans (Medical care)--New York (State); Health
  insurance industry--New York (State); Long Island--Services
  PRODUCT/INDUSTRY NAMES: 6322000 (Health Insurance)
  SIC CODES: 6324 Hospital and medical service plans
  NAICS CODES: 524114 Direct Health and Medical Insurance Carriers
  FILE SEGMENT: TI File 148

    5/8/3   **(Item 2 from file: 148)**
DIALOG(R)File 148:(c)2001 The Gale Group. All rts. reserv.

09430793   SUPPLIER NUMBER: 19322368   (USE FORMAT 7 OR 9 FOR FULL TEXT)
**Health Care Financing Administration awards VIPS National Medicare Claims
Processing System contract.**
April 16, 1997
WORD COUNT: 532   LINE COUNT: 00049

  COMPANY NAMES: VIPS Healthcare Information Solutions--Contracts
  INDUSTRY CODES/NAMES: BUS   Business, General; BUSN   Any type of
  business
  DESCRIPTORS: United States. Health Care Financing Administration--
  Contracts; Computer software industry--Contracts
  PRODUCT/INDUSTRY NAMES: 7372466 (Medical Practice Software); 9124500
  (Health Care Financing Admin)
  SIC CODES: 7372 Prepackaged software
  FILE SEGMENT: NW File 649

    5/8/4   **(Item 1 from file: 621)**
DIALOG(R)File 621:(c) 2001 The Gale Group. All rts. reserv.

01519484   Supplier Number: 47301846 (USE FORMAT 7 FOR FULLTEXT)
**Health Care Financing Administration awards VIPS National Medicare Claims
Processing System contract.**
April 16, 1997
Word Count: 500
PUBLISHER NAME: Business Wire
COMPANY NAMES: *VIPS Healthcare Information Solutions
EVENT NAMES: *460 (Use of materials & supplies); 610 (Contracts & orders
  received)
GEOGRAPHIC NAMES: *1USA (United States)
PRODUCT NAMES: *8000150 (Health Plan Administration); 7374350

(Healthcare Industry Computer Services)
INDUSTRY NAMES: BUS (Business, General); BUSN (Any type of business)
NAICS CODES: 524114 (Direct Health and Medical Insurance Carriers); 51421
 (Data Processing Services)

 5/8/5 **(Item 1 from file: 635)**
DIALOG(R)File 635:(c) 2001 Bell & Howell. All rts. reserv.

0858969 98-19327
 Managed care: A work in progress
PUBL DATE: 971000
WORD COUNT: 2,265
DATELINE: New York, NY, US, Middle Atlantic

COMPANY NAMES: Long Island Jewish Medical Center-Queens NY, Queens, NY, US,
   SIC:8062,
   Oxford Health Plans Inc, Norwalk, CT, US, SIC:8000;6322,
   Ticker:OXHP
   Vytra Healthcare, Melville, NY, US, SIC:6324,
CLASSIFICATION CODES: 8210 (Life & health insurance); 4310 (Regulation)
DESCRIPTORS: Health insurance; Managed care; State regulation;
 Reimbursement; Insurance claims
SPECIAL FEATURE: Chart

?

Art Lehrer, senior VP, 410...
PRODUCT NAMES: 8000150 (Health Plan Administration); 7374350
    (Healthcare Industry Computer Services)
NAICS CODES: 524114 (Direct Health and Medical Insurance Carriers);
    51421 (Data Processing Services)

5/K/2   (Item 1 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2001 The Gale Group. All rts. reserv.

11588673   SUPPLIER NUMBER: 55804670   (USE FORMAT 7 OR 9 FOR FULL TEXT)
Managed care: a work in progress.(Long Island, New York)
Goldberg, Carol
LI Business News, 42, 27(2)
Oct 20, 1997
ISSN: 0894-4806   LANGUAGE: English   RECORD TYPE: Fulltext; Abstract
WORD COUNT: 2451   LINE COUNT: 00216

...ABSTRACT: the state of New York are adapting to the specific
requirements of a cost-efficient health care delivery system. Insurers
are making changes to their products in view of the criticisms...

...informing the public regarding the positive changes by establishing web
sites and providing 24-hr health information hotlines answered by
registered nurses.

TEXT:
    Managed care, the insurance world's master effort to sculpt a
cost-efficient health care delivery system, is evolving to meet the needs
of providers and patients who would...
...insurers are re-evaluating and refining their products. From launching
websites and instituting 24-hour health information hotlines manned by
registered nurses, to introducing new products that practically obliterate
some of managed care's original dogma, insurance companies are reaching
out in order to grow.
    No More Claims Games
    After ducking verbal blows for not making timely payments to doctors,
hospitals and patients...

...knowledge that by law insurers will be fined up to $500 a day for each
claim not paid within 45 days (up to $10,000 per company, expandable to
$50,000 for persistent violators).
    Oxford Health Plans (Norwalk CT), considered one of the most
egregious offenders, blamed a computer upgrade for...

...state attorney general's office in July to pay nine percent interest on
undisputed ("clean") claims unpaid after 30 days, retroactive to Apr 1,
1996. "To prevent financial hardship for physicians...

...of over $271 million since the beginning of the year to cover the
backlog of claims ," says CEO William Sullivan.
    Meanwhile, Vytra Healthcare (Melville) initiated an electronic
claims -paying system a year ago, and current utilization is at
approximately 30%, according to Howard...

...and payment," he says. "We are also testing the feasibility of secure
interactivity on the Internet to further streamline the process."
    Electronic transfer of claims among departments facilitated by a
high-tech imaging system which allows technicians to instantly file most
claims once they are received into the computer system is also a fact of
life at Physicians Health Services (PHS, Shelton CT). MDNY (Melville) is
also in the process of implementing electronic claim submission and
optical scanning of paper claims . "Both of these processes will include
automated loading of claim data into the system and auto - adjudication

t s5/medium,k/1-5

   5/K/1   (Item 1 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
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04969920   Supplier Number: 47301846   (USE FORMAT 7 FOR FULLTEXT)
 **Health Care Financing Administration awards VIPS National Medicare Claims
 Processing System contract.**
Business Wire, p04161245
April 16, 1997
Language: English   Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 500

   (USE FORMAT 7 FOR FULLTEXT)
 **Health Care Financing Administration awards VIPS National Medicare
 Claims Processing System contract.**
TEXT:
TOWSON, Md.--(BUSINESS WIRE)--April 16, 1997--The Health Care Financing
Administration (HCFA) has announced the award of a $24.1 million contract
to...
...   Medicare Durable Medical Equipment Regional Carrier (DMERC)
Standard System Consolidation contract, VIPS will provide the claims
processing software that will process all of the country's 43.2 million
annual Medicare Part B medical equipment claims .
     "Developing advanced claims processing solutions for the Medicare
program has always been a cornerstone of our corporate strategy...

...many years to come."
     Morgan added, "To secure VIPS' role as a front-runner in health care
 claims automation and decision support technology, it is important that
our products and services span the full health care market, including
Medicare, Medicaid, and the private sector. We are very pleased to include
...

...and the four regional DMERCs to implement cost-cutting automation while
assuring accurate and timely claims payment for 35 million Medicare
beneficiaries."
     Founded in 1979 to provide advanced claims processing solutions for
Medicare carriers, VIPS now supports a growing number of health and
managed care organizations with claims processing, anti-fraud, and
decision support solutions, as well as maintaining a strong presence in...
...to combat fraud and abuse in more than 40 percent of the nation's
Medicare claims and has been selected by four Medicaid programs as their
decision support system to help improve the oversight and management of
state-provided health care benefits, and SuperOp(TM) -- the auto -
adjudication expert system, which has saved the Medicare program millions
of dollars in administrative expenses over the last three years by
dramatically improving productivity and the quality of decision-making in
claims processing.
     Other VIPS' products include MCSource(TM) -- an advanced decision
support product suite which provides...

...4.9 billion in revenues in 1996, provides information processing
services to financial institutions, merchants, insurance companies,
health care providers, government agencies, public utilities, and
consumers throughout the United States, the United Kingdom...

...its agent network to more than 120 countries around the world.
     Visit VIPS on the Internet at http://www.vips.com

          CONTACT: VIPS Healthcare Information Solutions

of claims ," says spokeswoman Danielle Curti.
Who's Insuring Long Island?

Company	Membership(*) (Nassau/Suffolk)
Aetna/US Healthcare	282,000
Cigna Healthcare	120,000
Empire Blue Cross & Blue Shield	616,861
Health Ins Plan of Greater New York (HIP)	160,000
Independent Health	5,871
MagnaCare	64,074
MDNY	33,408
NYLCare	33,000
Oxford Health Plans	400,000
Physicians Health Services (PHS)	50,000
Prudential Health Care	(unavailable)
United HealthCare	108,300
Vytra Healthcare	215,000

* Number of enrollees provided by the insurers.
Cigna Healthcare (New York City) turns 85% of undisputed claims
around within ten days according to Kurt Weimer, tri-state general manager.
Improved, image-technology claims equipment is being "prototyped and
tested" at one of the company's 20 claim centers around the nation, he
says. United Healthcare (New York City) reports a record of paying 90% of
clean claims within ten days according to spokeswoman Barbara Willis. And
Independent Health , which has also instituted electronic submissions,
pays claims within 30 days unless "the obligation to pay is
questionable." But providers and subscribers are notified immediately if a
claim is being disputed.
According to the national Blue Cross and Blue Shield Assn, Empire is
one the top ten Blues plans in the country for claims processing time,
telephone accessibility and inquiry response time. As of 1996, average
processing time for a clean claim is 4.6 days. Nevertheless, the company
has chartered a project team that is in...

...PCP), but its HMOs still use the gatekeeper system for treatment and
referral. Similarly, Independent Health 's point-of-service (POS) product
does not require a PCP referral for out-of...

...open access" product.
After finding that specialty-controlled care accounts for about 75%
of all health care spending, Oxford has initiated the most aggressively
open system of access to specialists with...

...plan returns clinical control of specialty care to specialty teams –
groups comprised of all necessary health providers to best deal with a
member's particular condition or illness. Physician teams are...in-network
provider without a PCP referral. An added benefit of this product is its
health risk advisory program in which network providers in partnership
with leading specialists medically manage patients...

...and United have included access to chiropractic care for some time.
Others, such as Independent Health , PHS and Empire, are in the process of
designing a benefit package to comply with...

...deemed medically necessary). But this year, Oxford went a giant step
further, becoming the first health plan in the nation to offer its
members a broad alternative medicine program.
Now, in...

...as a set of golf clubs or a day at the spa. Last year, Independent
Health began offering its "Baby Start" program providing free education
and counseling to expectant mothers to...

...appeal process in our member materials, outlined in a step-by-step way.
And Independent Health states, "Many of the time frames and appeals
procedures codified by the Managed Care Act were based on Independent
Health 's long established policies. In addition, going beyond legislative
requirements, we recently upgraded our process...

...but it is also argued that many of yesterday's experiments are today's
standards. Insurance policies typically have a standard exclusion for
experimental treatment, forcing patients to decide between forgoing...of
treatment) and it must be at least as beneficial as any established
alternatives."
      Independent Health reports that "experimental or investigational
treatments are clinically unproven therapies. Many are not only ineffective
...

...have received approval from the Food and Drug Administration and/or the
National Institute of Health Technology Assessment are covered."
      "United HealthCare covers scientifically proven treatments. However,
in cases involving life...

...DESCRIPTORS: Health   insurance   industry
 PRODUCT/INDUSTRY NAMES: 6322000 (Health   Insurance)
 NAICS CODES: 524114 Direct Health and Medical Insurance Carriers

   5/K/3   (Item 2 from file: 148)
DIALOG(R)File 148:Gale Group Trade & Industry DB
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09430793   SUPPLIER NUMBER: 19322368   (USE FORMAT 7 OR 9 FOR FULL TEXT)
  **Health Care Financing Administration awards VIPS National Medicare Claims
  Processing System contract.**
Business Wire, p4161245
April 16, 1997
LANGUAGE: English   RECORD TYPE: Fulltext
WORD COUNT: 532   LINE COUNT: 00049

   **Health Care Financing Administration awards VIPS National Medicare
   Claims Processing System contract.**

TEXT:
      TOWSON, Md.--(BUSINESS WIRE)--April 16, 1997--The Health Care
Financing Administration (HCFA) has announced the award of a $24.1 million
contract to...
...   Medicare Durable Medical Equipment Regional Carrier (DMERC)
Standard System Consolidation contract, VIPS will provide the claims
processing software that will process all of the country's 43.2 million
annual Medicare Part B medical equipment claims .
      "Developing advanced claims processing solutions for the Medicare
program has always been a cornerstone of our corporate strategy...

...many years to come."
      Morgan added, "To secure VIPS' role as a front-runner in health
care claims automation and decision support technology, it is important
that our products and services span the full health care market,
including Medicare, Medicaid, and the private sector. We are very pleased
to include...

...and the four regional DMERCs to implement cost-cutting automation while
assuring accurate and timely claims payment for 35 million Medicare
beneficiaries."
      Founded in 1979 to provide advanced claims processing solutions for
Medicare carriers, VIPS now supports a growing number of health and
managed care organizations with claims processing, anti-fraud, and

decision support solutions, as well as maintaining a strong presence in...
...to combat fraud and abuse in more than 40 percent of the na

Setup

Account Setup:

The *Account Setup* option is used to enter, update and review account information.

Client Services:

The *Client Services* option is used to view and update services. Upon selecting this option, both services for which the client is currently enrolled and other available services are displayed.

Processing Profile:

The *Processing Profile* option is used to select the claims processing mode. After selecting this option, the client may then choose to process claims via the Interactive Mode or Batch Mode.

- Interactive mode allows users to match unmatched payors prior to processing the claims within the batch.
- Batch mode allows users to process claims that contain matched payors and reject the unmatched.

Provider:

The *Provider* option displays information pertaining to the provider (i.e., the entity that will be reimbursed by the Payor).

Payor Matching:

Use this option to match and unmatch your Payors.

- *Unmatched Payors*
  Use this option to match your unmatched Payors.

(Sidebar navigation: Account Setup, Client Services, Processing Profile, Provider, Payor Matching, Unmatched Payors, Matched Payors, Payor Licenses, Physician, Physician Licenses, Facility)

The Setup Tab allows a user to display, update or review account information. From this tab, a user may also view subscribed services, sign up for additional services, select a processing profile and enter or update Provider, Payor, Physician, and Facility information.

⟵ prev   Setup   next ⟶

④

Account Setup

The Account Setup screen displays the (Provider) System Setup. From this screen, the user may update the account information. The Additional Enrollments button is available for Billing Services, Group Practices, or Single Clients, and is used to add additional Providers to the current account. Solo or individual account setups will register under a new account.

⟵ prev   Account Setup   next ⟶

Client Information

Client Information

To begin using Claimsnet.com's services, we need some information about your practice. * *indicates required field.*

Note: Please only enroll one provider/Tax ID # at this time. The enrollment of additional providers/Tax ID #'s can be done through your personal secure website once you have been given a username and password.

* Practice Name:
* Address (line 1):
  Address (line 2):
* City, State, Zip:
* Contact Name:
* Phone Number:
  Fax Number:
* Email Address:

○ Single Provider Organization
  (Single or Group practice billing under one ID)

[< Back] [Next]

The Client Information screen asks for basic information about the client's practice.

Products

The Products screen allows the user to view a list of services to which the user has subscribed. From the Client Services screen, a user may also register for any additional Claimsnet.com services.

Provider Information

Provider Information

To begin using Claims.now, we need some additional information. * *indicates required field.*

Note: If Provider Type is *INDIVIDUAL* or *SOLO PRACTICE*, then you are require enter the Provider's first and last name.

* Provider Type: – Select One –

Provider Last Name:

Provider First Name:

Provider Middle Initial:

* How is Payment Received: ⦿ Individual Provider Receives Payment
○ Group/Clinic Receives Payment

* Tax ID:

* Tax ID Type: ⦿ Social Security Number
○ Employer Identification Number

Upin/Usin:

* Estimated Monthly Claim Volume:

* Practice Type: ⦿ Professional (HCFA1500)
○ Dental

Account Setup
Client Services
Processing Profile
Provider
Payor Matching
Unmatched Payors
Matched Payors
Payor Licenses
Physician
Physician Licenses
Facility

The Provider Information screen contains information about the Provider. Certain information can be entered or updated from this screen.

Creating your Test Claim File

Creating Your Test Claim File

1. There are several ways to prepare your claims for your test claim file. Below is our suggested method to create a clean test file.

   a. Review the claim file requirements listed below
   b. Locate claims that will meet the requirements
   c. Select previously submitted claim files that meet the basic claim file requirements
   d. Run batch
   e. Zip claim file

2. Basic claim file requirements:

   a. Claim files must be zipped before they are sent. This prevents possible data corruption. Th zipped file should be named using your provider name (example lesnau.zip)
   b. The batch file must contain a minimum of 50 claims to a maximum of 100 claims. Larger fi will not be accepted.
   c. Claims must contain a mixture of the payors.
   d. The following HCFA Fields must have examples for each option for field,

     1. 6 - Pt. Relationship to insured
     2. 8 - Patient Status
     3. 10 - Patient condition related to Employment
     4. 11D - Other Insurance Indicator
     5. 20 - Outside Lab Charges

   a. All fields utilized must be represented in the claim file. The Analysts can only map what is represented.
   b. Test file must contain current claims, claims generated within the last 90 days.

Side navigation:
Account Setup
Client Services
Processing Profile
Provider
Payor Matching
Unmatched Payors
Matched Payors
Payor Licenses
Physician
Physician Licenses
Facility

claimsnet.com

The Create your Test Claim File screen provides detailed instructions about creating a claim file. The user may print this screen to easily access the instructions while creating the claim file.
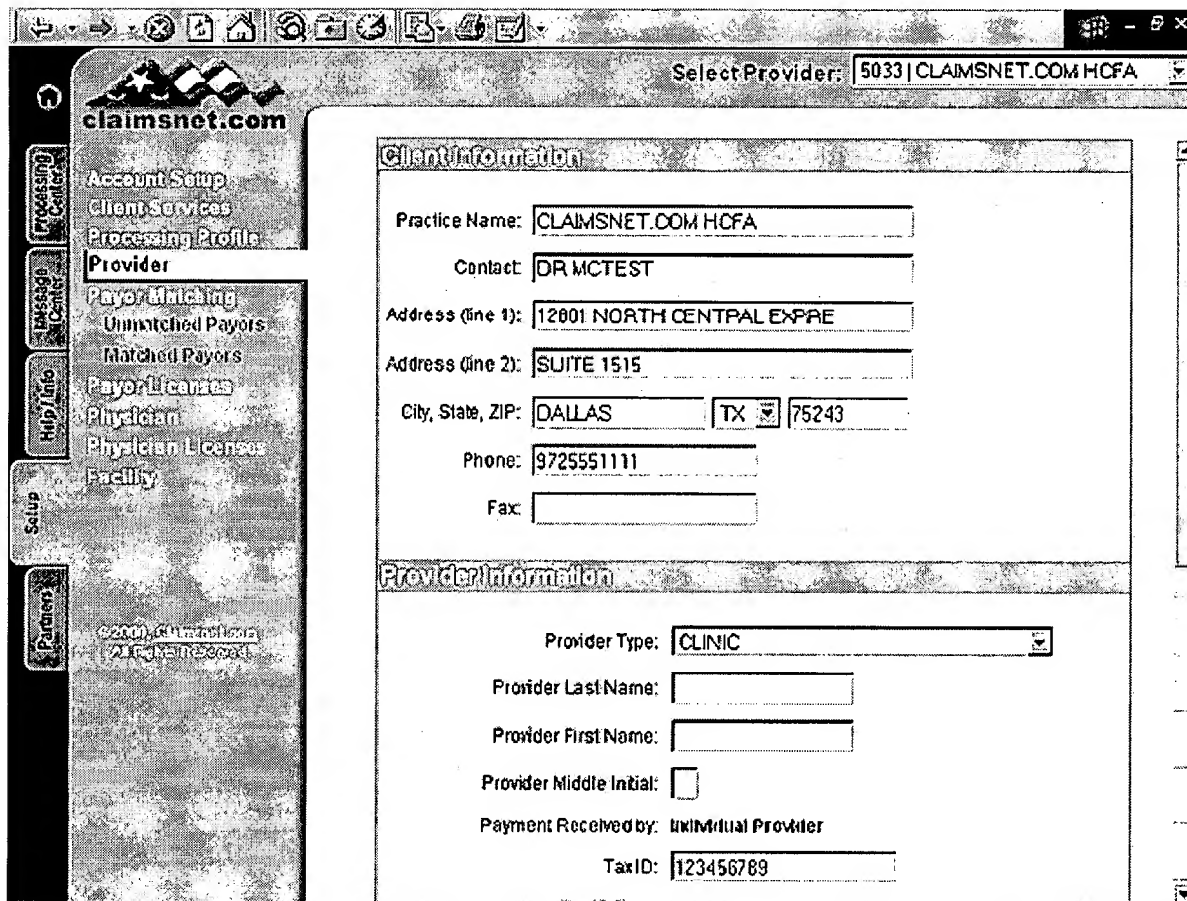
Provider

From this screen, a user may update information about a specific Provider. The Provider screen asks for information about the client and the provider. Additonal information may be updated for HCFA1500 or Dental clients depending on the provider type.
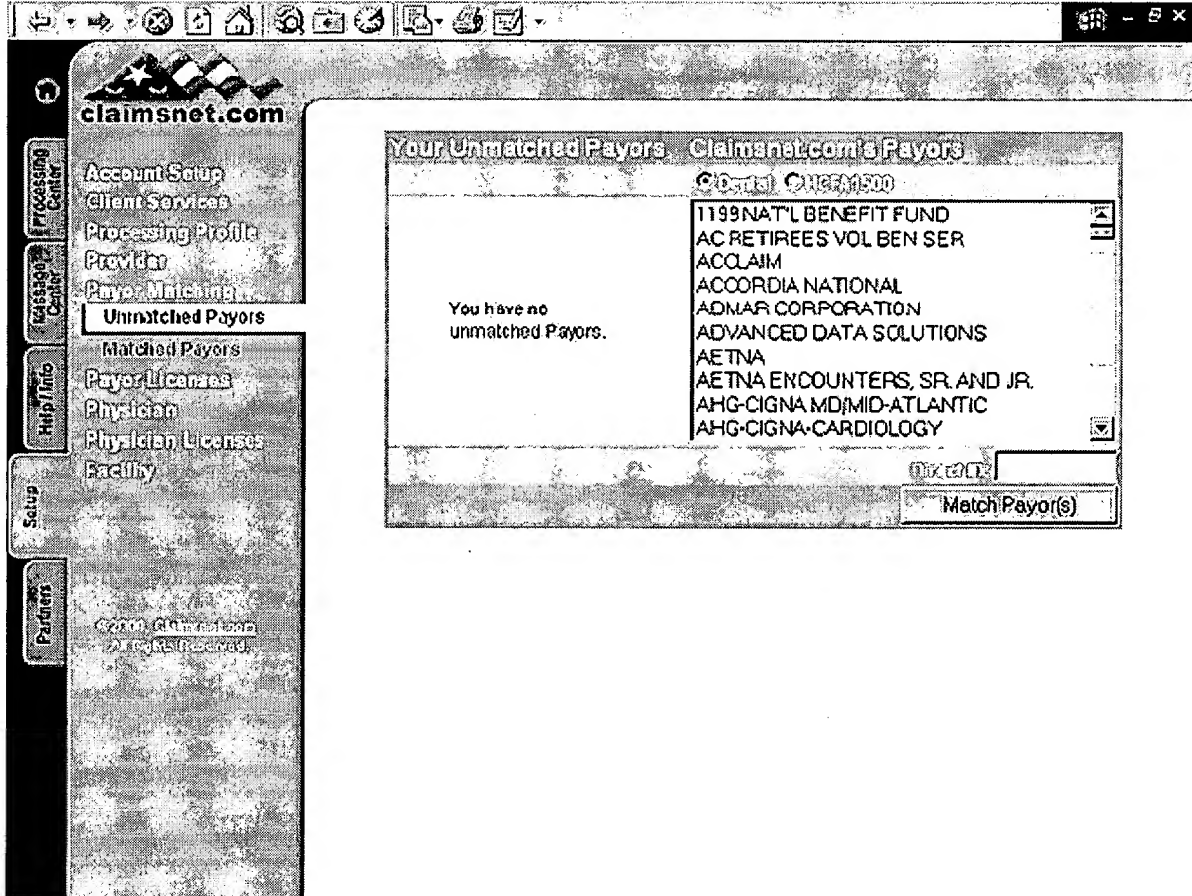
←— prev   Provider   next —→

Unmatched Payors

Your Unmatched Payors — Claimsnet.com's Payors

1500

1199 NAT'L BENEFIT FUND
AC RETIREES VOL BEN SER
ACCLAIM
ACCORDIA NATIONAL
ADMAR CORPORATION
ADVANCED DATA SOLUTIONS
AETNA
AETNA ENCOUNTERS, SR. AND JR.
AHG-CIGNA MD/MID-ATLANTIC
AHG-CIGNA-CARDIOLOGY

You have no
unmatched Payors.

Match Payor(s)

The Unmatched Payors screen allows the user to match payors listed in the tables.

← prev   Unmatched Payors   next →

Matched Payors

Matched Payors		Unmatch Checked Payors
Your Payor Name	Claimsnet.com Payor Name	Direct ID
☐ AETNA PA HEALTH PLAN	AETNA	8400
☐ AETNA U S HELTHCARE HEALTH PLAN	EXPRESS/NEIC PRINTS & MAILS	1360
☐ AETNA US HEALTH CARE	US HEALTHCARE	8470UH
☐ AETNA US HEALTHCARE	US HEALTHCARE	8470UH
☐ AETNA US HELTHCARE HEALTH PLAN	US HEALTHCARE	8470UH
☐ AETNA USHEALTHCARE	US HEALTHCARE	8470UH
☐ PRUCARE	PRUCARE	2429
☐ PRUCARE HEALTH CARE	EXPRESS/NEIC PRINTS & MAILS	1360

Sidebar: Account Setup, Client Services, Processing Profile, Provider, Payor Matching, Unmatched Payors, Matched Payors, Payor Licenses, Physician, Physician Licenses, Facility

The Matched Payors screen allows the user to unmatch payors listed in the table.

← prev   Matched Payors   next →